

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street) 2400 N St NW

☐ Check if different than previously reported. (ACC) Washington DC 20037-1153

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00375360

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
- POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 05 01 2016 through M M M / D D D / Y Y Y Y Y Y 05 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer Carlton G. Davids [Electronically Filed] Date 06 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		71594.39
(b) Cash on Hand at Beginning of Reporting Period.....	89390.07	
(c) Total Receipts (from Line 19) .....	7218.21	199468.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	96608.28	271063.02
7. Total Disbursements (from Line 31) .....	56107.27	230562.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40501.01	40501.01
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
05 01 2016

To:

M M / D D / Y Y Y Y  
05 31 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5389.71

164314.36

(ii) Unitemized .....

443.74

28186.64

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5833.45

192501.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

5833.45

192501.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1384.76

6967.63

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7218.21

199468.63

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

7218.21

199468.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1107.27	6812.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1107.27	6812.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	223500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56107.27	230562.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56107.27	230562.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5833.45	192501.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5833.45	192251.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1107.27	6812.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1384.76	6967.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-277.49	-155.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jesse E. Adams FACC**

Mailing Address 1205 Isleworth Dr

City State Zip Code  
Louisville KY 40245-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisville Cardiology

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2016

Transaction ID : 4796A03794DFF2E2B91F

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jay H. Alexander FACC**

Mailing Address 2151 Waukegan Rd  
Ste 100

City State Zip Code  
Bannockburn IL 60015-1885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Cardiologists, SC

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2016

Transaction ID : 4630A4AB457F20265ED5

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Alfred A. Bove PHD, MACC**

Mailing Address 3401 N Broad St  
Parkinson Pavilion Suite 920

City State Zip Code  
Philadelphia PA 19140-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Temple University Hospital

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2016

Transaction ID : 4446BCECAADEA10D111A

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

433.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alfred A. Bove PHD, MACC**

Mailing Address 3401 N Broad St

Parkinson Pavilion Suite 920

City

Philadelphia

State

PA

Zip Code

19140-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2016

Transaction ID : 4365BCA1EED72F841998

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Alfred A. Bove PHD, MACC**

Mailing Address 3401 N Broad St

Parkinson Pavilion Suite 920

City

Philadelphia

State

PA

Zip Code

19140-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 25 / 2016

Transaction ID : 4EE08AA3DD3CE73D7007

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Hollace D. Chastain FACC**

Mailing Address 4470 Brook Hollow Dr

City

Fort Wayne

State

IN

Zip Code

46814-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2016

Transaction ID : 47368E4111D5718C5B55

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard A. Chazal FACC**

Mailing Address 671 N Town and River Dr

City State Zip Code  
Fort Myers FL 33919-5931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee Physician Group-The Heart Group

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 07 / 2016

**Transaction ID : 433998754503F85D516C**

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bernard A. Clark FACC**

Mailing Address 95 Johnny Cake Ln

City State Zip Code  
Glastonbury CT 06033-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Francis Hospital and Medical Cente

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2016

**Transaction ID : 4BBB847820243FD3C7A0**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. George H. Crossley FACC**

Mailing Address 276 Stratton Pl

City State Zip Code  
Brentwood TN 37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vanderbilt University

Occupation  
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 25 / 2016

**Transaction ID : 49868C9ECB8E749C2025**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

383.34



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Timothy A. Dewhurst FACC**

Mailing Address 4819 18th Ave SW

City	State	Zip Code
Seattle	WA	98106-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Group Health

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2016

Transaction ID : 48CFAF403BC2C016554B

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blair D. Erb FACC**Mailing Address 905 Highland Blvd  
Ste 4330

City	State	Zip Code
Bozeman	MT	59715-6901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Bozeman Deaconess Cardiology Consultan

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2016

Transaction ID : 4251808FA7895954469D

Amount of Each Receipt this Period

208.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David M. Evans FACC**

Mailing Address 130 Ashlei Ln

City	State	Zip Code
Searcy	AR	72143-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Heart Clinic Arkansas

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2016

Transaction ID : 442EA1BC331B9F0F1286

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

408.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward T. A. Fry FACC**

Mailing Address 160 E 71st St

City

Indianapolis

State

IN

Zip Code

46220-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Medical Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

**Transaction ID : 4732AA15C13B4EEB5159**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael F. Gilson FACC**

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	6

**Transaction ID : 45619296131CE1684C17**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Prospero B. Gogo FACC**Mailing Address 111 Colchester Ave  
McClure1Cardiology

City

Burlington

State

VT

Zip Code

05401-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Interventional-Univ. of Vermont/Fletch

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	6

**Transaction ID : 4266B224DD1E1CF3DA7C**

Amount of Each Receipt this Period

83.30

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

266.63

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anuj Gupta FACC**

Mailing Address 1400 William St

City	State	Zip Code
Baltimore	MD	21230-4545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Maryland School of MedicOccupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2016

**Transaction ID : 4AC59C6E274302A9083C**

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas A. Haffey FACC**Mailing Address 9141 Grant St  
Ste 140

City	State	Zip Code
Thornton	CO	80229-4367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2016

**Transaction ID : 4323AFC3DBF114CD54CD**

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Thomas A. Haffey FACC**

Mailing Address 10933 Meade Ct

City	State	Zip Code
Westminster	CO	80031-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2016

**Transaction ID : 428E99AF67281E698337**

Amount of Each Receipt this Period

83.34

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

208.34

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Gordon Harold MACC**Mailing Address 8635 W 3rd St  
Ste 750

City	State	Zip Code
Los Angeles	CA	90048-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2016

**Transaction ID : 488ABC2C5FD961DFC6E5**

Amount of Each Receipt this Period

208.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David R. Holmes MACC**Mailing Address 200 1st St SW  
Smh MG4-523

City	State	Zip Code
Rochester	MN	55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2016

**Transaction ID : 4A9CBB3EFA29DDA9F6F**

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Daniel J. Humiston FACC**Mailing Address 2132 N 1700 W  
Ste 200

City	State	Zip Code
Layton	UT	84041-7060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah Cardiology, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2016

**Transaction ID : 4D3E8831407AAE845AAF**

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

500.01

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven E. Kornberg FACC**Mailing Address 155 Medical Center Way  
FL 2

City	State	Zip Code
Somers Point	NJ	08244-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn Cardiology Somers Point

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

**Transaction ID : 4B2DBE2D32A4A35A6DB9**

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Smadar Kort FACC**

Mailing Address 65 Mimosa Dr

City	State	Zip Code
Roslyn	NY	11576-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stony Brook University Medical Center

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2016

**Transaction ID : 4F23A576584FC6CB2BBC**

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christopher M. Kramer FACC**Mailing Address 1215 Lee St  
PO Box 800170

City	State	Zip Code
Charlottesville	VA	22908-0816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia Health System,

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

**Transaction ID : CB44AFF5-8FED-450E-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Norman E. Lepor FACC**Mailing Address 99 N La Cienega Blvd  
Ste 203

City	State	Zip Code
Beverly Hills	CA	90211-2285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2016

Transaction ID : 4209B2C8E819F5B0DFBD

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steve Leung FACC**Mailing Address 3749 Horsemint Trl  
Court Wethington Room 324

City	State	Zip Code
Lexington	KY	40509-2947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Kentucky

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : 4345846163AA1288F958

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thomas J. Lewandowski FACC**

Mailing Address 113 Limekiln Dr

City	State	Zip Code
Neenah	WI	54956-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Appleton Cardiology ThedaCare

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2016

Transaction ID : 4965B75AF0835552A3AB

Amount of Each Receipt this Period

105.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

271.68

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Sunil V. Mankad FACC**

Mailing Address 200 1st St SW

Gonda 5 South Room 5-209

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 12 / 2016

Transaction ID : 44B187CFB554CC7A9A05

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Laxmi S. Mehta FACC**

Mailing Address 5037 Canterbury Dr

Ste 200

City

Powell

State

OH

Zip Code

43065-8615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 07 / 2016

Transaction ID : 4A199CC5DA000A257A8B

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. David C. Mishkel FACC**

Mailing Address 1599 NW 9th Ave

Ste 203

City

Boca Raton

State

FL

Zip Code

33486-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David C. Mishkel, MD, PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 01 / 2016

Transaction ID : 4C40B9F9F7493FAD9063

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

186.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marc A. Mugmon FACC**

Mailing Address 7193 Collingwood Ct

City

Elkridge

State

MD

Zip Code

21075-5548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chesapeake CardioVascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2016

Transaction ID : 41D7A67865081A332B80

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William H. Pentz FACC**Mailing Address 230 W Washington Sq  
FI 3

City

Philadelphia

State

PA

Zip Code

19106-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn Cardiology At Pennsylvania Hospit

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2016

Transaction ID : 419BB5594D7EE0C6C33A

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Neal S. Perlmutter FACC**

Mailing Address 7002 126th Ave NE

City

Kirkland

State

WA

Zip Code

98033-8325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2016

Transaction ID : 4CA388F1B3ACCAEB7331

Amount of Each Receipt this Period

41.68

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.02



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew Phillips FACC**

Mailing Address 12721 Monte Castillo Pkwy

City State Zip Code  
Austin TX 78732-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Austin Heart, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

**Transaction ID : 438BBC23D2A39AB5995E**

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matthew Phillips FACC**

Mailing Address 12721 Monte Castillo Pkwy

City State Zip Code  
Austin TX 78732-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Austin Heart, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2016

**Transaction ID : 4BA690199DF7C0CA9FD9**

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John W. Pickrell FACC**

Mailing Address 1230 E 1st St

City State Zip Code  
Casper WY 82601-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wyoming CardioPulmonary

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2016

**Transaction ID : 442999179D1AFC05FA9E**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

251.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James B. Powers F.A.C.C.**

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2016

Transaction ID : 47398277DD513C20BAFE

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. George P. Rodgers FACC**

Mailing Address 2441 Westlake Dr

City

Austin

State

TX

Zip Code

78746-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

694.00

Date of Receipt

05 / 22 / 2016

Transaction ID : 4032B4E66B44A1A44936

Amount of Each Receipt this Period

98.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John S. Rumsfeld PHD, FACC**

Mailing Address 130 S Cherry St

City

Denver

State

CO

Zip Code

80246-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 25 / 2016

Transaction ID : 4560B8FD22E399030C15

Amount of Each Receipt this Period

83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

281.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Michael K. Schroyer RN**

Mailing Address 9065 Pebblepointe Cir

City

Zionsville

State

IN

Zip Code

46077-8992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Vincent Heart Center of Indiana

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2016

Transaction ID : 46E2B097F49DD6AE513A

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marc E. Shelton FACC**Mailing Address 1340 Churchill Rd  
PO Box 19420

City

Springfield

State

IL

Zip Code

62702-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prairie Cardiovascular Consultants Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2016

Transaction ID : 455193ED472AD67BE782

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Michael J. Springer FACC**

Mailing Address 803 Towner Pl

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norton Cardiovascular Associates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2016

Transaction ID : 470889358CC743D098FF

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Howard T. Walpole MBA, FACC**

Mailing Address 2581 Bridgewater Cir

City

Gainesville

State

GA

Zip Code

30506-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Georgia Health System

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2016

Transaction ID : 4A35B150998D461E3005

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Howard T. Walpole MBA, FACC**

Mailing Address 2581 Bridgewater Cir

City

Gainesville

State

GA

Zip Code

30506-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Georgia Health System

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2016

Transaction ID : 42DE8AC6C6E8D67F11C5

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Mary Norine Walsh FACC**

Mailing Address 428 W 83rd PI

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Vincent Heart Center of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2016

Transaction ID : 4DF8A542EDEF9B01B155

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

266.67

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce A. Watt FACC**

Mailing Address 221 E 21st St

City

Sioux Falls

State

SD

Zip Code

57105-1924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Central Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 08 / 2016

Transaction ID : 4DF58D87AA4C4ABE4226

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

83.33

**TOTAL** This Period (last page this line number only)..... ►

5389.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 30

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American College of Cardiology - Admin Account**

Mailing Address P.O. Box 85024

City State Zip Code  
Richmond VA 23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6967.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2016

Transaction ID : AE7FF360DB863F2A4E8

Amount of Each Receipt this Period

1384.76

☐ Memo Item

Reimbursement for April 2016 Amex Fees and May 2016 Merchant Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1384.76

1384.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 30

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
May 2016 Amex Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 31 2016

Transaction ID : VC8D4D10FEAED814E30A

Amount of Each Disbursement this Period

51.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy
City State Zip Code  
Knoxville TN 37920
Purpose of Disbursement  
May 2016 Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 02 2016

Transaction ID : M7E891843C5F1472FD13

Amount of Each Disbursement this Period

1055.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1107.27

1107.27

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ami Bera for Congress**

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement  
2016 General

011

Candidate Name

**Amerish B. Bera**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 7C542D8CE3EA46DC796**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Garland Hale Barr IV**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 38DEFB2A64CA0C9B191**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bennet for Colorado**

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael F. Bennet**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 44379AE53E14C9590A2**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Billy Long for Congress**

Mailing Address 3246 E Ridgeview St

City Springfield	State MO	Zip Code 65804-4076
---------------------	-------------	------------------------

Purpose of Disbursement  
2016 Primary

Candidate Name

**William H. Long II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : A47E128FCB1F71C23C1**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bucshon for Congress**

Mailing Address PO Box 250

City Newburgh	State IN	Zip Code 47629
------------------	-------------	-------------------

Purpose of Disbursement  
2016 General

Candidate Name

**Larry Dean Bucshon**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 79BC1827042C6A20348**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Linda Sanchez**Mailing Address 410 1st St SE  
Suite 310

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
2016 Primary

Candidate Name

**Linda T. Sanchez**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : FA87C28C08D999ED01C**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Mailing Address PO Box 6545

**Transaction ID : 6835A3E3A7F952799EE**

City	State	Zip Code
Visalia	CA	93290-6545

Amount of Each Disbursement this Period

Purpose of Disbursement  
2016 Primary

011

Amount	1000.00
--------	---------

Candidate Name

Category/  
Type**Devin G. Nunes**☐ Memo Item

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 22	

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Mailing Address PO Box 3433

**Transaction ID : 380005C0A37073F0C10**

City	State	Zip Code
Palm Desert	CA	92261

Amount of Each Disbursement this Period

Purpose of Disbursement  
2016 General

011

Amount	2500.00
--------	---------

Candidate Name

Category/  
Type**Raul Ruiz**☐ Memo Item

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 36	

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Mailing Address Post Office Box 12567

**Transaction ID : 52834456B7A3C1A0B42**

City	State	Zip Code
Columbia	SC	29211

Amount of Each Disbursement this Period

Purpose of Disbursement  
2016 Primary

011

Amount	1000.00
--------	---------

Candidate Name

Category/  
Type**James E. Clyburn**☐ Memo Item

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: SC	District: 06	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Roy Blunt**

Mailing Address PO Box 10178

City	State	Zip Code
Columbia	MO	65205-4002

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Roy Dean Blunt**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 22AD1E434BEB67E309C**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Guthrie for Congress**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**S. Brett Guthrie**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : DEEECFEFAEC50C6465B**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**Mailing Address 700 13th Street NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
2016 General

011

Candidate Name

**Steny Hamilton Hoyer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 82B335C24C3238535D4**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. IMPACT**Mailing Address 192 Lexington Ave.  
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Contribution

Candidate Name

**IMPACT**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 8B38828654F1DBF2C8C**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John S Fund**

Mailing Address PO Box 853

City Edwardsville State IL Zip Code 62025-0853

Purpose of Disbursement  
2016 Contribution

Candidate Name

**John S Fund**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : EEE8BA64405AE7F19C7**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Johnson for Congress**

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement  
2016 General

Candidate Name

**William L. Johnson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ☐ Contribution

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 454E86476B3B2CF67E7**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kirk for Senate**

Mailing Address PO Box 2594

City	State	Zip Code
Chicago	IL	60690

Purpose of Disbursement  
2016 General

011

Candidate Name

**Mark Steven Kirk**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 1BF58CD3EDAF6012A8**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
2016 General

011

Candidate Name

**Kurt Schrader**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : CC5E83BE8E350ED14E4**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Purpose of Disbursement  
2016 General

011

Candidate Name

**Marsha Wedgeworth Blackburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

**Transaction ID : 4F86A90A7CFF4D2D280**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi for Congress**Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

Candidate Name

Nancy Pelosi

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Transaction ID : F58DE1FE9EBD5274C25

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Victory in November Election PAC (VINEPAC)**

Mailing Address 700 13th Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Contribution

Candidate Name

Victory in November Election PAC (VINEPAC)

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Transaction ID : D81BE250B5406E817B9

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 General

Candidate Name

Ron L. Wyden

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Transaction ID : B69621518DA6D08D486

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00
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55000.00
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